



Defined Benefit Beneficiary Change Request Form

Please print • See attached guide for details • Retain a copy for your records • Complete ALL sections of this form

1. Information about you

Last name*	First name*	MI	Last four digits of SSN*
Email address			Phone number (with area code)*
Name of employer*			

Marital status* Single Married Check here if you have children under age 21:

Are you changing beneficiaries as a result of divorce or spouse's death? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," include with this form a complete copy of the judgment of divorce and any Eligible Domestic Relations Order (EDRO) entered by the court, or death certificate. Former spouse's full name
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2. Survivor beneficiary

You may name **one (only) Survivor Beneficiary** (or one person who is the beneficiary of an irrevocable trust – see Guide) to receive a lifetime monthly benefit if you die before retiring and are vested. **If you are married, your spouse is automatically your Survivor Beneficiary, and their information should be entered below.** If you wish to name someone other than your spouse, your spouse must sign in the "Spousal consent of forfeiture" box in Section 5 to waive their rights.

Full name (spouse, if applicable)	Gender	Relationship	SSN	Date of birth (mm/dd/yyyy)

For additional information about who can be named Survivor Beneficiary, see Guide.

3. Primary Beneficiary

If you die before vesting and there is no monthly benefit, you can name **one or more persons to receive a refund** (equally distributed) of any employee contributions that you may have. **If you are married, your spouse is automatically your Primary Beneficiary, and their information should be entered below.** If you wish to name someone other than, or in addition to, your spouse, your spouse must sign the spousal consent Section 5.

Designate name(s) of Primary Beneficiary(ies) below. Name(s) listed below replace all prior designations (if any) of Primary Beneficiary(ies).

Full name (spouse, if applicable)	Gender	Relationship	SSN	Date of birth (mm/dd/yyyy)

If you want to add more beneficiaries, please attach a separate list that you have signed and dated.

* Required field

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Last name* (please print clearly)

Last four digits of SSN*

4. Contingent Beneficiary

In the event there is **no remaining Primary Beneficiary(ies)** at the time of your death, you may designate one or more person(s) as a Contingent Beneficiary(ies) to receive a refund (equally distributed) of any member contributions you may have.

Designate name(s) of Contingent Beneficiary(ies) below. Name(s) below replace all prior designations (if any) of Contingent Beneficiary(ies).

Full name of Contingent Beneficiary	Gender	Relationship	SSN	Date of birth (mm/dd/yyyy)

If you want to add more beneficiaries, please attach a separate list that you have signed and dated.

5. Required signature(s)

Spousal consent of forfeiture (if applicable):

I have read this form and fully understand and agree with my spouse's election. If another individual is named beneficiary in Section 2 or 3, in place of or in addition to me, I understand that I am relinquishing ("giving up") my automatic right as the member's spouse, to benefits.

Signature of spouse

Spouse full name (please print clearly)

Date (mm/dd/yyyy)

Participant signature:

I have completed, understand, and agree to all pages of this *Defined Benefit Beneficiary Change Request Form* and guide. By submitting this form, I hereby revoke all prior beneficiary designations (if any).

Participant signature*

Date (mm/dd/yyyy)*

Participant name (please print clearly)*

Data collected on this form will be used by MERS staff for identification and documentation only.

* Required field

Step-by-Step Guide to Completing the Defined Benefit Beneficiary Change Request

This form is available for download at www.mersofmich.com.

Please print clearly. Fields with an asterisk (*) are required fields and must be completed to submit the form accurately.

1. Information about you

If you are changing your beneficiary due to divorce or death, check "Yes." If due to a divorce, include all pages of the final copy from the judgment of divorce and any Eligible Domestic Relations Order (EDRO) ordered by the court. If due to death of a spouse, please include a death certificate.

2. Survivor Beneficiary

You may name **one Survivor Beneficiary** to receive a lifetime monthly benefit if you die before retiring and are vested.

You must name an individual, not an estate or other entity. The one exception to this requirement is that you may name an individual to be paid as the beneficiary of a valid, irrevocable trust. If you name the beneficiary of such a trust as Survivor Beneficiary, you must submit a copy of the trust document to MERS for approval. Beneficiary designation of said trust will not be valid until approved. MERS will notify you within 15 business days if your irrevocable trust designation is not approved.

If you are married, your spouse is automatically your survivor beneficiary. If you wish to name someone other than your spouse, your spouse must sign in the "**Spousal consent of forfeiture**" in Section 5 to waive their rights.

Minor children: If you do not have a survivor beneficiary, your benefit will be paid equally to your minor children until they reach age 21 or are legally married. If you have a named Survivor Beneficiary, minor children will not be paid. Do NOT enter them in this section unless you intend to designate one (only) as your Survivor Beneficiary.

3. Primary Beneficiary

If you die before vesting, there is no monthly benefit.[‡] However, you can name **one or more persons to receive a refund of any member contributions** that you may have. You may also name a trust, estate or charity. If you name multiple beneficiaries, the benefit will automatically be equally distributed. If you want to add more beneficiaries than the space allows, please attach a separate list that you have signed and dated.

If you are married, your spouse is automatically your Primary Beneficiary, followed by any minor children you may have at the time of death. If you wish to name someone other than your spouse or in addition to your spouse, your spouse must sign the "**Spousal consent of forfeiture**" in Section 5 to waive their rights as the sole refund beneficiary.

[‡] **Note:** If your death is duty-related, a monthly benefit is payable to your surviving spouse or minor children even if you are not vested.

4. Contingent Beneficiary

If you die and there is **no remaining Primary Beneficiary(ies)**, you can name one or more persons to receive a refund of any member contributions that you may have. You may also name a trust, estate or charity. If you name multiple beneficiaries, the benefit will automatically be equally distributed. If you want to add more beneficiaries than the space allows, please attach a separate list that you have signed and dated.

5. Required signature

Your signature acknowledges that you have read and agree to the terms of this agreement. Submission of this form voids all prior designations of beneficiaries.

MERS will use the information listed on this form for identification and documentation only.

Spousal consent of forfeiture must be signed if you have designated anyone in place of or in addition to your spouse as a beneficiary in either Section 2 or Section 3.

Submitting this form:

Please mail or fax it to MERS at:

**Municipal Employees'
Retirement System of Michigan**
1134 Municipal Way
Lansing, MI 48917
Fax: 517.703.9706

Questions? Please contact us at 800.767.MERS (6377).

If you have speech or hearing difficulties and need assistance completing this form, contact the Michigan Relay Center at 800.649.3777. If you have other disabilities, contact MERS at 800.767.6377 to request special accommodations.